



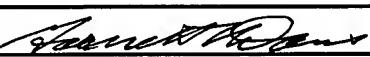
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/791,290
Filing Date	03/03/2004
First Named Inventor	Frank S. D'Amelio
Art Unit	1614
Examiner Name	L. Roberts
Attorney Docket Number	45437

[Handwritten signature]

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Remarks <p>The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 18-2220. A duplicate copy of this sheet is attached.</p> <p>[X] Any additional excess claim fees under 37 C.F.R. § 1.16. [X] Any additional patent application processing fees under 37 C.F.R. § 1.17.</p>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Roylance, Abrams, Berdo & Goodman, L.L.P. (Customer No. 001609)	
Signature		
Printed name	Garrett V. Davis	
Date	10/15/2007	Reg. No. 32,023

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PATENT

45437

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of :
Frank S. D'AMELIO, Sr. et al. : Art Unit: 1614
Serial No.: 10/791,290 : Examiner: L. Roberts
Filed: March 3, 2004 :
For: METHOD AND COMPOSITION FOR :
TREATING ORAL BACTERIA AND :
INFLAMMATION :

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the July 13, 2007 Office Action, please amend the above-identified application as follows.